

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR APPLICATION

FOR

TENNESSEE RETINAL SCREENING

RFA # 34360-63817

REQUEST FOR APPLICATION

I. INTRODUCTION:

The Tennessee Department of Health is serving approximately twelve thousand (12,000) unduplicated individuals living with diabetes. Best practice dictates that these patients have retinal screening on a routine basis. External resources to acquire routine screenings on uninsured adults are limited and are a geographic challenge for many patients. Individuals living with diabetes who are aware of retinal damage are able to seek care which is in some instances sight preserving. Individuals living with diabetes are also encouraged to maintain better control of their disease when potential for loss of sight is made tangible.

The Tennessee Retinal Screening project (TRSP) enables in-house retinal screening of diabetic patients with non-mydratic retinal cameras at Primary Care sites located within some health departments in each region. Acquisition of images will be accomplished by health department staff. Contracted Retinal Screening Image Interpreters (provider) will provide recommendations for clinical care. Case management will be provided by local health department staff.

The State is seeking providers to perform the interpretation of the retinal screening images of diabetes patients at primary care sites.

II. APPLICANT ELIGIBILITY AND PROGRAM REQUIREMENTS:

Applicant Eligibility:

- A. Provider must have board certification in ophthalmology and specialty training in the diagnosis and treatment of retinal disease.

Program Requirements:

- A. All employees involved with TRSP will participate in an in-service training with a TDH representative to assure knowledge of program requirements.
- B. Provider will submit a written report to the submitting County Health Department screening coordinator after the complete interpretation of retinal images with seven (7) business days of the screening.
- C. Provider will communicate acute care needs by telephone to the submitting County Health Department Screening Coordinator within two (2) business days of the screening if deemed critical for preservation of sight.
- D. Provider will submit invoice with patient name and service provided within 60 days of provision of services.
- E. Provider will accept reimbursement at the current CMS reimbursement rate per Retinal Screening Professional Component. All charges above these rates will be

adjusted off by the provider. Additional services provided to the patient will be the patient's responsibility.

- F. Provider will accept reimbursement of \$90.00 per initial office visit for Post Screen Evaluation – Retinal Screening. All charges above the rates will be adjusted off by provider. Additional services provided to the patient will be the patient's responsibility.
- H. The Provider will be required to use IMAGEnet® 5 digital software to read the retinal images. The software is available to purchase from Topcon at <http://www.topconmedical.com/products/imagenet5.htm>

III. APPLICATIONS:

To respond to this Request for Application, please complete the **Application**. The **Application** contains questions about your organization's background and the specifics of your proposed project. The State's team of evaluators will review **Applications** and notify applicants of approval.

IV. SCHEDULE OF EVENTS:

The following is the anticipated schedule for selecting successful applicants with the Retinal Screening program. The State reserves the right to adjust the schedule as it deems necessary.

EVENT	TIME (Central Time)	DATE (all dates are state business days)
1. RFA Issued		September 6, 2016
2. Pre-proposal Teleconference	3:00 p.m.	September 15, 2016
3. Written "Questions & Comments" Deadline	2:00 p.m.	September 20, 2016
4. State Response to Written "Questions & Comments"		September 23, 2016
5. Deadline for Applications	2:00 p.m.	October 14, 2016
6. Evaluation Notice Released		October 19, 2016
7. Effective Start Date		November 1, 2016

Pre-proposal Tele-Conference:

A Pre-Proposal Teleconference will be held at the time and date detailed in the Schedule of Events to answer questions concerning the partnership opportunity.

Any applicant desiring to submit an application in response to this RFA is encouraged to have at least one (1) representative at the teleconference, however attendance is not mandatory. The Tele-conference number is **800-757-2790** and the participant passcode is **565703** for those potential applicants who wish to participate. If you cannot participate, please direct your questions by the Scheduled deadline as indicated above, to Melissa Painter, Competitive Procurement Coordinator, listed below in Section III.

Questions and Answers:

All questions concerning this RFA must be presented to the Competitive Procurement Coordinator shown in Section V., in writing, on or before the Deadline for Written Questions and Comments as detailed above in the Schedule of Events. Questions may be faxed, emailed, mailed or hand-carried to the Competitive Procurement Coordinator. The State's responses will be emailed and posted as an Amendment to the following website: <http://tn.gov/health/article/funding-opportunities>.

Deadlines stated above are critical. The clock-in time will be determined by the time of the online submission. No other clock or watch will have any bearing on the time of Application receipt.

Each applicant shall assume the risk of the method of dispatching any communication or application to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.

V. SUBMISSION OF APPLICATIONS:

Please submit your **APPLICATION**, by online submission via the following link no later than 2:00 PM CDT on the date in Section IV, Schedule of Events:

Web link: <http://tn.gov/health/article/funding-opportunities>

Please contact the Competitive Procurement Coordinator at the address shown below with any issues or concerns with online submission:

Melissa Painter
Competitive Procurement Coordinator
Service Procurement Program
Division of Administrative Services
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Phone: (615) 741-0285

Fax: (615) 741-3840
Email: Melissa.Painter@tn.gov

VI. APPLICATION EVALUATION:

An evaluation committee made up of at least three (3) representatives of the Department of Health will be established to judge the merit of eligible applications.

- A. The committee shall review applications on the basis of the information requested in the RFA. The committee will recommend for selection to the Commissioner of the Department of Health, the applications which are most responsive to the State's needs.
- B. Any application that is incomplete or contains significant inconsistencies or inaccuracies shall be rejected. The State reserves the right to waive minor variances or reject any or all applications. The State reserves the right to request clarifications from all applicants.